

MDR Tracking Number: M2-03-1537-01
IRO Certification# 5259

September 5, 2003

An independent review of the above-referenced case has been completed by a neurosurgeon physician. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

The patient is a 49-year-old male who was injured at work ____ with subsequent sharp lower back pain radiating into both lower extremities and feet. His low back pain is his chief complaint but he also has numbness and tingling in both feet with diffuse lower extremity weakness and difficulty with urinary continence. He has undergone a variety of conservative treatments without relief. MRI 5/8/02 showed discs to be well maintained in height and signal pattern with the exception of the L5-S1 level which showed desiccation posteriorly and diffuse bulging without neural foramen encroachment. Provocative discography 1/2/03 revealed 7/10 concordant pain L3-5, 5/10 concordant pain at L4-5 and 10/10 concordant pain at L5-S1 with a normal control at L2-3. Post discography CT showed a partial annular tear at L3-4 with foraminal stenosis on the right, an annular tear at L4-5 with foraminal stenosis on the right while the L5-S1 level showed a 4-5mm circumferential left paracentral disc herniation with foraminal stenosis and superior and inferior disc migration with an enlarged left S1 nerve root sleeve. CT myelography revealed similar findings but also a 5mm anterolisthesis of L5 on S1 with an incomplete pars defect. EMG/NCV revealed mild L4-S1 radiculopathies.

REQUESTED SERVICE (S)

Posterior instrumented fusion L3-S1.

DECISION

Posterior instrumented fusion at L3-S1 is NOT recommended as medically necessary in this patient.

RATIONALE/BASIS FOR DECISION

This patient complains of primarily back pain with some lower extremity radicular symptoms. MRI, CT and discography reveal findings consistent with disc degeneration and discogenic pain at the L5-S1 level concordant with the patient's lifestyle limiting pain. He also has some less severe pain with pressurization of the L3-4 and L4-5 discs. Imaging findings also reveal primarily right-sided foraminal stenosis secondary to disc bulges at L3-4 and L4-5. Hard findings suggest that L5-S1 is the primary source for the patient's back pain while L3-S1 multilevel stenosis may contribute to his radicular leg pain. A more conservative surgical procedure may be decompression and fusion at L5-S1 with laminotomies, mesial facetectomies and foramenotomies at the above involved segments.

CERTIFICATION OF INDEPENDENCE OF REVIEWER

I had no previous knowledge of this case prior to it being assigned to me for review. I have no business or personal relationship with any of the physicians or other parties who have provided care or advice regarding this case. I do not have admitting privileges or and ownership interest in the health care facilities where care was provided or is recommended to be provided. I am not a member of the board or advisor to the board of directors or any of the officers at any of the facilities. I do not have a contract with or an ownership interest in the utilization review agent, the insurer, the HMO, other managed care entity, payer or any other party to this case. I am not a member of the board or advisor to the board of directors or an officer for any of the above referenced entities. I have performed this review without bias for or against the utilization review agent, the insurer, HMO, other managed care entity, payer or any other party to this case.

As the reviewer of this independent review case, I do hereby certify that all of the above statements are to the best of my knowledge and belief; true and correct to the extent they are applicable to this case and my relationships. I understand that a false certification is subject to penalty under applicable law.

I hereby further attest that I remain active in my health care practice and that I am currently licensed, registered, or certified, as applicable, and in good standing.